

**Pharmacy Contraception Service: A focus on  
initiation of supply and key changes to the service.**

**Chloé Papadopoulos – Hertfordshire CPL**  
**Rita Patel – BLMK-N CPL**



**8.00pm- 8.10pm** Introduction from Hertfordshire and BLMK-N CPL's/PCS Service Updates

**8.10pm-8.40pm** DR. Rebecca Asquith, GP Partner Specialising in Women's health in Hertfordshire presentation/ Q&A.

**8.40pm-8.45pm** Hertfordshire Pharmacist Hana – Managing time when providing pharmacy services.

**8.45pm-8.50pm** BLMK-N Pharmacist & PCN Lead Rajan - Sharing of best Practice and upskilling of pharmacy teams.

**8.50pm-8.55pm** PCS Service expansion, future planning, events and resources.

**8.55pm-9.25pm** Final Q&A session.



### Increased Service Fees

Previously £18

Initiation: £25  
Repeat Supplies: £25



### Inclusion of Pharmacy Technicians

Pharmacy technician training in development to allow delivery of parts of the PCS service  
Contractor updates and PGDs to follow later In the year



### Drospirenone Update

To be added to PGD as part of PCS – Can be supplied by Suitably trained Pharmacy Technicians  
More information to follow from CPE, Contractors will be notified when available

# CONTRACEPTION: INITIATING AND STARTING ORAL CONTRACEPTION



**Dr Rebecca Asquith**  
GP Partner  
DFSRH and FRT

# UKMEC

# UKMEC CALCULATOR

[fsrh-ukmec-summary-september-2019.pdf](#)

[UKMEC Calculator](#)

NOT AFFILIATED WITH FSRH

# APPROACHING CONTRACEPTION

- What are their needs and preferred methods?
- Exclude pregnancy (LMP, emergency contraception use, do they need test?)
- Drugs including enzyme inducers ie- antiretrovirals/antiepileptics and mounjaro
- Breast feeding/post partum?
- STI risk and signposting (<25, multiple partners)
- Under 16? Vulnerable? LD? Is intercourse consensual, age of partner. Document Fraser competence
- Highlight any safeguarding concerns

# FRASER COMPETENCE

- Legal age to consent to sexual activity is 16
- Statutory rape <13
- If under 16 and wanting contraception without parental consent competency needs to be addressed and documented.
- Do they understand the advice? Try and persuade to inform parents.
- Are they likely to begin or continue to have intercourse with no contraception? Could their physical or mental health suffer without treatment? Is it in their best interest to give?

# PROGESTERONE ONLY PILL

- Any age until 55
- Any BMI
- Any BP
- Safe- no thrombosis risk
- Very few UKMEC  $\frac{3}{4}$  (IHD, CVA, breast ca, liver ca/cirrhosis)
- Consider drug interactions
- Older generation- Noriday
- Newer- Desogestrel



# HOW DO THEY WORK?

- Increase cervical mucus
- Suppress ovulation
- Slows activity of cilia in fallopian tube

# INITIATION OF POP

- Day 1-5 of cycle, immediate cover
- Day 5+, 48 hours before contraceptive cover starts
- Start anytime in cycle, check pregnancy risk
- If ella one has been used need to wait 5 days before quick starting POP and pregnancy test 3 weeks post UPSI
- If levonelle used, can start immediately
- Postpartum <21 days, immediate cover

# BLEEDING PATTERNS AND OTHER<sup>+</sup> SIDE EFFECTS<sup>o</sup>

- Bleeding pattern change is NORMAL
- Unable to predict which pattern, is this acceptable for patient?
- 1/3<sup>rd</sup> regular bleeding, 1/3<sup>rd</sup> irregular bleeding, 1/3<sup>rd</sup> no bleeding
- If on a POP and a change in bleeding pattern, consider STI risk, pregnancy and other pathology
- Hormonal- breast tenderness, mood changes, headaches
- Risk of ovarian cysts, libido changes

# PILL RULES

- 99 % efficacy if taken properly
- Ensure they know when contraceptive cover starts
- Time window.. 12 hrs desogestrel and 3 hrs noriday
- Take daily- no breaks
- If greater than time window = missed pill. Restart ASAP.  
Then initiating rules of 2 days apply and ensure no UPSI in that time. Emergency contraception if needed.
- Severe diarrhoea/vomiting = missed pill rules
- Vomit within 2 hours = take another



# CONTINUATION

- Straightforward
- Review at 3m and then annually
- Change in history? New medications?
- Compliance? Missed pills?
- Do they know what to do if they miss a pill?
- Is the bleeding pattern acceptable
- STI screen?

# COMBINED PILL

- UKMEC \*\*\*
- Age, if well, no CVD risk/non smoker can use until 50
- BP <140/90, hypertension = UKMEC 3
- BMI <35
- Smoking when 35+ UKMEC  $\frac{3}{4}$ , only back to 2 when ex smoker >1yr
- History and family history v important (clotting, breast cancer)
- VTE risk higher in 1<sup>st</sup> year of use (any hx, fhx 1<sup>st</sup> degree <45 =  $\frac{3}{4}$ )
- Better bleeding patterns than POP
- Lots of options to use

# HEADACHE VS MIGRAINE

- Can be difficult to tell between the two! History important
- Migraine without aura UKMEC 2 but if develops on COCP= UKMEC 3
- Migraine with aura and COCP theoretical stroke risk- avoid!
- Migraine= moderate/severe headache with photophobia, phonophobia, nausea and vomiting.
- Aura= transient focal neurological symptoms- scotoma, flashing lights, speech disturbance, sensory symptoms



# INITIATION OF COCP

- Any time in cycle if not pregnant
- Day 1-5 in cycle no extra precautions needed
- Day 5+ in cycle, use extra precautions for 7 days
- If ella one has been used wait 5 days
- If levonelle immediate
- Postpartum can start d21 if not breast feeding and from 6 weeks if breast feeding (precautions 7 days).





# HOW DO THEY WORK?

- Inhibits ovulation
- Endometrium proliferation (stops implantation)
- Thickens cervical mucus

# COCP OPTIONS

- Low oestrogen- not readily available, ie gedarel 20/150
- Generally use 30 oestrogen, various progesterones
  - Gedarel 30/500, levest/rigevidon
- If bleeding issues switch to a pill with a different progesterone within it. Increasing progesterone causes less bleeding
- Side effects- hormonal, breast tenderness, headache, fluid retention
- VTE risk ( 2 per 10,000 baseline to 5-7 per 10,000 on COCP)

# COCP REGIME

- General 21/4 (was 21/7)
- Tricycle – 3 packs in a row
- Tailored- continuous pill taking, if spotting 3-4 days stop for 4 days and then restart
- 12 hour window
- Important that they restart pill when supposed to regardless of bleeding pattern



# PILL RULES

- 99% effective when used properly
- Important they know when to rely on
- 12 hour window
- Missed pills (7 pills in a row to be effective). So depends where they are in packet as to whether they need emergency contraception and when they can rely on it again.
- The Lowdown calculator [Forgot Your Pill? Use Our Missed Pill Calculator | The Lowdown](#)

# PILL RULES CONT

- Vomit within 2 hours- take again
- Severe vomiting/diarrhoea- class as missed pills, use extra precautions for 7 days.
- Ensure you tell them what signs of VTE are and when to seek help

# CONTINUATION

- Review at 3 months and then annually
- Recheck BP/BMI
- Recheck smoking status
- Has anything changed in history or family history?
- Any change in medication?
- Compliance, happy with missed pill rules?
- Happy with bleeding pattern?
- STI screen?

# QUESTIONS?



## **Hana Ali**

Pharmacist and Pharmacy Manager of Superdrug Hemel Hempstead



## **Rajan Gosrani**

Pharmacist and Pharmacy Manager for Stotfold Pharmacy & PCN Lead



## Utilise the skill set of your team and upskill if needed

Provide team with resources for training  
Provide dedicated time to complete training  
Allow time to practice – Use of role play



## Discuss with the team

Highlight what works well and what could be approached differently to highlight learnings



## Continual sharing of best practice

Meet with your team regularly  
Provide hints and tips to refer to  
Provide updates on changes to appointment bookings or the service when they arise

## How I Provide Service



**Capturing required data – Make use of pre-questionnaires!**



**Book appointments and walk in service**

The consultation – 10 to 20 minutes depending on which part of the service you are providing



**Juggling the delivery of services**

Use of an appointment system (Paper or Electronic)  
Support staff to measure weight, height and BP when needed  
The use of remote consultations (For ongoing supply only)



### EC Expansion

Starts October 2025 – To create consistency of the service nationally  
Service specification to be published by CPE before October  
£20 consultation + EC cost  
Pending IT Updates



### Local Service Impact

Local EC services may be decommissioned- Do not sign up for the local service yet  
Focus on completing relevant training and DBS Checks  
CPL's will push to keep STI kits & condoms



### Next Steps- emphasize training & PQS July, DBS checks

**June 2025:** Register for PCS and HCFS on MYS if not already  
**Reminder:** Bundling of PF and other pharmacy services, PCS falls into this  
Resources available on CPL's websites

To find your local formulary, training resources and Local Public Health Contacts please go to your CPL website for further information.

[Pharmacy Contraception Service – Community Pharmacy Hertfordshire \(Hertfordshire LPC\)](#)

[Community Pharmacy BLMK & Northants – Your local Pharmaceutical Committee](#)

### **CPPE In-person Events**

17 September 2025 19:00-21:00pm – Welwyn Golf Club

24 June 2025 19:00-21:00pm – Collingtree Gold Club

All event will be first come first serve, limited places are available, please click the link below to register.

<https://www.cppe.ac.uk/programmes/l/nhsphrst-w-02/>

**Any Final Questions?**

## Contact Us

If you have any questions, queries or require any additional support please reach out, we are here to help!

Hertfordshire: [Info@cpherts.org.uk](mailto:Info@cpherts.org.uk)

BLMK-N: [Info@Blmk-n-communitypharmacy.org.uk](mailto:Info@Blmk-n-communitypharmacy.org.uk)